

0402-01

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 042390.P10458

First Named Inventor Rajagopal et al.

Title: Method and Apparatus for High Accuracy Distributed Time Synchronization Using Processor Tick Counters

Express Mail Label No. EL845313354US

ADDRESS TO: **Assistant Commissioner for Patents
Box Patent Application
Washington, D. C. 20231**

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)

2. ☐ **Applicant Claims Small Entity Status. (37 CFR 1.27)**

3. ☒ **Specification (Total Pages 25)**

- (preferred arrangement set forth below)
- Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

EXPRESS MAIL CERTIFICATE OF MAILING

Express Mail[®] mailing label number: EL845313354US
I hereby certify that I am enclosing the paper or fee to be
deposited with the United States Patent and Trademark Office,
Mail Post Office to Addressee[®] service on the date indicated
above and that this paper or fee has been received by the
Assistant Commissioner for Patents, U.S. Patent and Trademark Office,
Washington, DC 20231.

March 30, 2001
Date of Deposit

April Worley
Name of Person Mailing Correspondence

April Worley 3/30/01
Signature Date

4. ☒ **Drawings(s) (35 USC 113) (Total Sheets 5)**

5. ☐ **Oath or Declaration (Total Pages)**

- a. ☐ Newly Executed (Original or Copy)
- b. ☐ Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
- i. ☐ **DELETIONS OF INVENTOR(S)** Signed statement attached deleting
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2)
and 1.33(b).
- c. ☐ Unsigned.

6. ☐ **Application Data Sheet. (37 CFR 1.76)**

7. ☐ **CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)**

8. ☐ **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies), or
ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

Variable	Mean	SD	Min	Max
Age	34.5	10.2	18	65
Gender	Male	1.0	0	1
Marital status	Married	1.0	0	1
Education	High school	1.0	0	1
Occupation	Unemployed	1.0	0	1
Income	Low	1.0	0	1
Health status	Good	1.0	0	1
Smoking status	Non-smoker	1.0	0	1
Alcohol consumption	Non-drinker	1.0	0	1
Exercise frequency	Low	1.0	0	1
Stress level	Low	1.0	0	1
Sleep quality	Good	1.0	0	1
Appetite	Good	1.0	0	1
Weight change	Stable	1.0	0	1
Blood pressure	Normal	1.0	0	1
Blood sugar	Normal	1.0	0	1
Cholesterol	Normal	1.0	0	1
Heart rate	Normal	1.0	0	1
Respiratory rate	Normal	1.0	0	1
Oxygen saturation	Normal	1.0	0	1
Temperature	Normal	1.0	0	1
Heart rate variability	Normal	1.0	0	1
Heart rate recovery	Normal	1.0	0	1
Heart rate reserve	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
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Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
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Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0	0	1
Heart rate variability index	Normal	1.0	0	1
Heart rate recovery index	Normal	1.0	0	1
Heart rate reserve index	Normal	1.0		

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

(which is a ___ continuation/ ___ divisional/ ___ CIP of prior application no. _____,
which is a ___ continuation/ ___ divisional/ ___ CIP of prior application no. _____) (List entire chain of priority)

18B. Statement under 37 CFR 3.73(b) for continuing application:

19. Correspondence Address

 X Correspondence Address Below

Country U.S.A. TELEPHONE (303)740-1980 FAX (303)740-6962

Name (PRINT/TYPE): Gordon R. Lindeen III

Registration No.: 33,192

Signature: [Signature]

Date: 3/30/11

FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$)** \$710.00**Complete if Known:****Application No.** _____**Filing Date** Concurrently Herewith**First Named Inventor** Rajagopal et al.**Group Art Unit** Not yet assigned**Examiner Name** Not yet assigned**Attorney Docket No.** 042390.P10458**METHOD OF PAYMENT (check one)**

1. ☒ [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666**Deposit Account Name** _____

- ☒ [X] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ [] Applicant claims small entity status. See 37 CFR 1.27

EXPRESS MAIL CERTIFICATE OF MAILING

"Express Mail" mailing label number: EL84531335408
 I hereby certify that I am enclosing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service and that this paper or fee has been received by the Assistant Commissioner for Patents, U.S. Department of Commerce, DC 20531.

2. ☒ X Payment Enclosed: ☒ X Check
☐ Credit Card
☐ Money Order
☐ Other

March 30, 2001

Date of Deposit

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
101	710	201	355	Utility application filing fee	710.00
106	320	206	160	Design application filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional application filing fee	

SUBTOTAL (1) \$710.00**2. EXTRA CLAIM FEES**

	Extra Claims		Fee from below	Fee Paid
Total Claims <u>20</u>	- 20** =	<u>0</u>	X <u>18.00</u>	= <u>0.00</u>
Independent Claims <u>3</u>	- 3** =	<u>0</u>	X <u>80.00</u>	= <u>0.00</u>
Multiple Dependent				=

**Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00**FEE CALCULATION (continued)**

PTO Form 2038 (Rev. 11-2000)

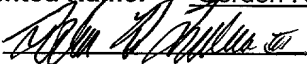
3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (3) \$0.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Gordon R. Lindeen III
Signature:  Date: 3/30/11
Reg. Number: 33,192 Telephone Number: 303-740-1980

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.